-: 1	MIS	SOI	JRI	DI	VIS	ION OF HEA	LTH - STAN	DARD	CERT	IFICATE	OF DEATH		-(53-01	3299
DO NOT WRITE	AMENDED			I	Re	gistration District No	318	Primary Re	ghiration Dis	1003	Registrar	. No.! 362	29	STATE FILE NO	JMBER
	1 1-	. 1	1 !	-	1.	PLACE OF DEATH	- DIV 0 13	- TO			2. USUAL RE	SIDENCE (Where de		If institution:	
VS 300 Rev. 4/59		i			_	b. CITY (If outside cor	agrata limite, give TO	GIUSIAW	du) I (-	noth of stars to 10		Mis souri b. C			admission)
	AMENDED	<u>.</u>				OR		_	Le	ngth of stay in 1	b c. CITY OR TOWN	St. Louis	t _		Inside Limits
1					_	c. FULL NAME OF (IF N	t. Louis, N			Inside Limits			f outside, give	a location)	Yes No Reside on Farm
2 2		<u>.</u>				HOSDITAL OD '	. John's Ho	-		Yes No	// ADDRES				Yes No
3 .	7	-		7	3	NAME OF DECEASED (Type or print)	First	•	Midd	ile	Last	4. DATE	Month	Day	Year
	-			-		(Type or print)	John				Golden	OF DEATH			1963
<u> </u>	4		1			SEX	6. COLOR OR RACE		Aarried 🔲	Never Married		******		UNDER I YEAR	Hours Min
5 0			·			Male	White	1	bewobi	Divorced [_	1		26
6	ا ي ا				10	usual Occupation of during most of working		ne 10b. k	(IND OF BUS	INESS OR INDUS		ACE (City and state o	r country). 1		WHAT COUNTRY
-	8	:							125 40**	ER'S MAIDEN NA		ouis, Mo.	NAME OF PIN	U. S	
⁷ O						. FATHER'S NAME						14.	NAME OF HUS	· OK WIFE	:
8 1	1 1					John Golden WAS DECEASED EVER	IN U.S. ARMED FORCE	ES?		Lores F	ranck	·	Add	iress	
9	- 8					s, no, or unknown) (If					•	•	320 Win		,
	- W			E	_	18. CAUSE OF DEATH PART I.	(Enter only one cause	per line fo	r (a), (b), and	(c).	Z	, /		I IN	TERVAL BETWEEN
10	1.1	1		ÅE.		PART I.	IMMEDIATE CAUSED		. H	Man	Time	1 Set		"	NSET AND DEATH
11				ฮิ			IMMEDIATE CAUS	(6)	- Company	1 Decem	1	1.11	<u> </u>		7
10]	8		Condition	ns, if any,) DUE To	о (ь) 📙	ha	ncon	palle	elite _			·
1274-0	THIS		i I			which ga above c	ve rise to ause (a), }	7			,	7-			
13	⋬⋛	+	\vdash	-	.	stating ti lying ca	he under- use fast. DUE T	O (c)					200	·	
- n.l	78				Z	PART II.	OTHER SIGNIFICAN	T CONDITI	ONS CONTR	IBUTING TO DE	ATH but not relat	ed to the terminal	PART III.	If deceased	was female was ncy in last 90 days.
14	- 2				Ϋ́		disease condition giv	en in PAKI	1 (4)	•		•	l	☐ Yes ☐	
. 1	AMENDMENTS				CERTIFICATION	PERFORMED?	20a. ACCIDENT SUI	CIDE HO	MICIDE	20b. DESCRIBE H	OW INJURY OCC	JRRED. (Enter nature	of injury in PA		
_	끏					YES NO DE Hour	Month, Day, Year	t -			 .				
J o	₹				MEDICAL	INJURY a.m.		İ							
C INK RIBBON	-		.		*	20d. INJURY OCCURRE	D 20e. PL/	ACE OF IN.	JURY (e.g., in	or about home,	20f. CITY, TOW	N, OR LOCATION		COUNTY	STATE
¥ ≅						WHILE AT WORK	ORK fer	m, factory,	street, office	bidg., etc.)	•				
BLACK OR RITER R		}				a	in the	eles.	781	to n	na 28	_and last saw him	alive on	man	28/1/43
표 등		!				21. I attended the dec	42/	Q N'			the date stated ab	ove, and to the best		dge, from the c	auses stated.
USE		3		<u></u>				Degree or	title) e		22b. ADDRESS				22c: DATE SIGNED
USE BLACK OR TYPEWRITER	SHOULD BEAD	<u>}</u>		Ö		22a. SIGNATURE			n		35/20	Central	. Ha	estan	3/29/6
_	l L		Ш	AFFIDAVIT	23	BURIAL, CREMATION,	23b. DATE	1 2	3c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION	(City, town,	or county)	State
	9	į	$ \cdot $	E)		REMOVAL (Specify) Burial	3-29-1963	y .	Ca	lvary			St. Io	uis, Mo.	
	TEM NO				24	FUNERAL DIRECTOR		ADDRESS		25.	ATE OFCED BY LOT	40.5 /A	ISTRAR'S RGI	YATURE /	4 0
	<u> </u>	:		₽	D.	ledrich Fune:	ral Home	8319	Halls 1	Ferry	HANN PU !	Can	1 Sm	un.	/· //

Armon Al St. Jours, .of ,airo! .j2 onscient 21 ogg: St. Join's Hosp. 1929 1965 1965 ori: i الله الله الله St. Levis, no. Franck I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No. working under my personal supervision. Student_ Signature of Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If this body is not embalmed, fact should be so stated above.

Ist or

Licensed Embalmer No.

P. O. Address,

lication lument home | 2015 halls ferry